

AO 435 (Rev. 03/08)		Administrative Office of the United States Courts			FOR COURT USE ONLY DUE DATE:		
TRANSCRIPT ORDER							
<i>Please Read Instructions:</i>							
1. NAME JOHN P. McADAMS, AUSA			2. PHONE NUMBER (401) 709-5000		3. DATE 3/6/2013		
4. MAILING ADDRESS 6 MEADOWCREST DRIVE			5. CITY RIVERSIDE		6. STATE RI	7. ZIP CODE 02915	
8. CASE NUMBER CR11-186S		9. JUDGE JUDGE SMITH		DATES OF PROCEEDINGS 10. FROM 11/19/2012 11. TO 11/19/2012			
12. CASE NAME US V. CARAMADRE, ET AL. (ANNE CLAYTON)			LOCATION OF PROCEEDINGS 13. CITY USDC/SMITH,J. 14. STATE RI				
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spoy)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING				Change of Plea Hearing		11/19/2012	
<input type="checkbox"/> BAIL HEARING							
17. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES			25.20	
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		25.20	
18. SIGNATURE /S/ JOHN P. McADAMS, AUSA				PROCESSED BY			
19. DATE 03/06/2013 DCN# M7028091				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED	DATE	BY					
DEPOSIT PAID			DEPOSIT PAID				
TRANSCRIPT ORDERED			TOTAL CHARGES	25.20			
TRANSCRIPT RECEIVED			LESS DEPOSIT	25.20			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED				
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	25.20			